



**NEW HAMPSHIRE BOARD OF NURSING
LPN-IV THERAPY PROGRAM: ANNUAL REPORT
YEAR: _____ to _____**

DIRECTIONS:

To facilitate the reporting process pursuant to Nur 604.05 (d), please complete and return this form to the Board office. Please complete as indicated.

I. PROGRAM DEMOGRAPHICS

PROGRAM: AGENCY	
PROGRAM COORDINATOR:	
TELEPHONE NUMBER:	
FAX NUMBER:	
E-MAIL ADDRESS:	

PARTICIPATION DATA:

STATISTICS FOR CURRENT YEAR	
TOTAL NUMBER RECEIVED	
TOTAL NUMBER ACCEPTED	
TOTAL NUMBER ENROLLED	
TOTAL NUMBER COMPLETED	
TOTAL NUMBER EXTENDING	

TOTAL NUMBER OF COURSES COMPLETED ANNUALLY	
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PROGRAM EVALUATION

Please summarize pertinent program evaluative comments.

PROGRAM CHANGES

Please summarize any changes you plan to make to your program.

COURSE INSTRUCTORS

NAME	CREDENTIALS	EMPLOYMENT STATUS
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> ADJUNCT
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> ADJUNCT
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> ADJUNCT
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> ADJUNCT
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> ADJUNCT
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> ADJUNCT
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		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> ADJUNCT
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		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> ADJUNCT
		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> ADJUNCT

COOPERATING AGENCIES

AGENCY	LOCATION
	<input type="checkbox"/> IN STATE <input type="checkbox"/> OUT OF STATE
	<input type="checkbox"/> IN STATE <input type="checkbox"/> OUT OF STATE
	<input type="checkbox"/> IN STATE <input type="checkbox"/> OUT OF STATE
	<input type="checkbox"/> IN STATE <input type="checkbox"/> OUT OF STATE
	<input type="checkbox"/> IN STATE <input type="checkbox"/> OUT OF STATE
	<input type="checkbox"/> IN STATE <input type="checkbox"/> OUT OF STATE
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	<input type="checkbox"/> IN STATE <input type="checkbox"/> OUT OF STATE
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	<input type="checkbox"/> IN STATE <input type="checkbox"/> OUT OF STATE
	<input type="checkbox"/> IN STATE <input type="checkbox"/> OUT OF STATE

V. VERIFYING SIGNATURES:

A. PROGRAM COORDINATOR: _____

TITLE: _____

DATE: _____